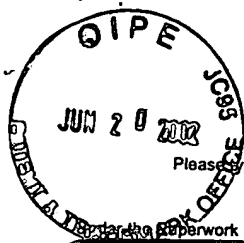


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Please type a plus sign (+) inside this box → ☐

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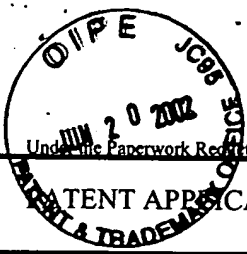
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/729,052	
	Filing Date	December 4, 2000	
	First Named Inventor	GILBERT CARRILLO	
	Group Art Unit	2632	
	Examiner Name	Daniel J. Wu	
Total Number of Pages in This Submission	9	Attorney Docket Number	BCPW/01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Terminal Disclaimer	AMENDMENT RECEIVED JUN 25 2002 Technology Center 2600
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> CD, Number of CD(s) _____	
Remarks		
AMENDMENT		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	LAW OFFICES OF ABRAHAM SEIDMAN - ABRAHAM SEIDMAN, ESQ.
Signature	Abraham M. Seidman #41,300
Date	(Friday) June 14, 2002

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 06/14/2002	
Typed or printed name	ABRAHAM M. SEIDMAN #41,300
Signature	Abraham M. Seidman
Date	06/14/2002

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PTO/SB/06 (08-00)  
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# TENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/729,052

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	12 minus 20 =	* 0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$370
x \$ 9 =	0
x 42 =	0
+ =	
TOTAL	\$370

RATE	FEE
	\$
x \$ =	
x =	
+ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	* 4	Minus ** 20	= 0
Independent (37 CFR 1.16(b))	* 2	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ =	\$0
x =	\$0
+ =	
TOTAL	\$0

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

RATE	ADDI-TIONAL FEE
x \$ =	
x =	
+ =	
TOTAL	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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